

REMARKS

Reconsideration of the present application is respectfully requested in light of the above amendments and in view of the following remarks.

Status of the Claims

Claims 1-4, 6, 7, 10-15, 17, 18, 21-26, 28, 29, and 32-34 are pending, with Claims 1, 11, and 22 being independent. Claims 1, 11, and 22 are amended by the present amendment with support in the originally filed disclosure at least at Figure 12 and the associated descriptions. Thus, no new matter is added.

Summary of the outstanding Office Action

In the outstanding Office Action, Claims 1-4, 6, 7, 10-15, 17, 18, 21-26, 28, 29, and 32-34 were rejected under 35 U.S.C. § 103(a) as unpatentable over *Lencki, et al.* (U.S. Pub. No. 2002/0049617 A1, herein “*Lencki*”) in view of *Kaehler, et al.* (U.S. Pub. No. 2005/0086075 A1, herein “*Kaehler*”), further in view of *Kenna, et al.* (U.S. Patent No. 7,133,840, herein “*Kenna*”).

Rejection under 35 U.S.C. § 103(a)

The undersigned respectfully traverses the rejection of the pending claims under 35 U.S.C. § 103(a).

I. Independent Claim 1: *Lencki, Kaehler, and Kenna do not describe, teach, or suggest modules operable to establish explanation codes including at least two different user-defined codes for claims disallowed due to an account being exhausted and at least two different user-defined codes for claims disallowed due to run-out periods being exceeded*

Claim 1 recites, *inter alia*, “the health plan management and defined contribution software modules operable by the claim processing system to . . . establish . . . explanation codes for the defined contribution plan including at least two different user-defined explanation codes for claims disallowed due to the HRA or FSA account being exhausted and at least two different user-defined explanation codes for claims disallowed due to run-out periods being exceeded.”

Lencki describes a system and method of providing benefits.¹ According to *Lencki*, an employer may determine a specific dollar allowance per employee to support a core benefit package and set parameters regarding modules/options available to an employee, and the employee may contribute pre- and after-tax dollars into an individualized account.² *Lencki* further describes that an employee may also select among line item options and line item sub-options among benefit package categories (20).³ According to *Lencki*, the employee may navigate through benefit selections, including flexible spending, to see dynamic changes in a resource meter that reflects an impact of selections made.⁴

Lencki does not describe any module operable to establish explanation codes for a defined contribution plan, as defined by Claim 1. In contrast, *Lencki* merely describes that an employee may select among various benefit sections such as health, life, dental, retirement, disability, charitable, and flexible spending accounts, to see dynamic changes in a resource meter, without describing the establishment of explanation codes for a defined contribution plan.⁵ Specifically, *Lencki* is silent with regard to any module operable to establish explanation codes for a defined contribution plan, at all, let alone *at least two different user-defined explanation codes for claims disallowed due to the HRA or FSA account being exhausted and at least two different user-defined explanation codes for claims disallowed due to run-out periods being exceeded*, as recited by Claim 1. Therefore, *Lencki* fails to describe at least the above-quoted features of Claim 1, and *Kaehler* and *Kenna* fail to cure these deficiencies.

Kaehler describes methods, devices, and systems for benefit management.⁶ To that end, *Kaehler* describes a network (208) coupled to servers (210) including a data store having a number of separate partitions to store data for different plan sponsors.⁷ According to *Kaehler*, the separate partitions include definable business rule sets for managing and administering benefits among plan members.⁸ *Kaehler* further describes that the definable set of business rules

¹ *Lencki* at Abstract.

² *Lencki* at paragraph [0081] and at Figure 2.

³ *Lencki* at paragraph [0082] and at Figure 2.

⁴ *Lencki* at paragraph [0179].

⁵ *Id.*

⁶ *Kaehler* at Abstract.

⁷ *Kaehler* at paragraph [0027] and at Figure 2.

⁸ *Id.*

includes fund use rules for accessing and applying funds to claims from one or more accounts, such as health reimbursement arrangement (HRA) accounts.⁹

Kaehler does not describe that the servers (210) are operable to establish explanation codes for a defined contribution plan, as defined by Claim 1. Instead, *Kaehler* merely describes that the servers (210) include a data store having a number of separate partitions to store business rules for managing and administering accounts, without describing that the servers (210) are operable to establish explanation codes for a defined contribution plan. Specifically, even if the health reimbursement arrangement (HRA), as described by *Kaehler*, was asserted as a “defined contribution plan,” as recited by Claim 1, *Kaehler* still fails to teach or suggest that the servers (210) are configured to establish explanation codes for claims disallowed due to the HRA account being exhausted. In fact, *Kaehler* is completely silent with regard to any explanation codes associated with an HRA account, let alone *at least two different user-defined explanation codes for claims disallowed due to the HRA or FSA account being exhausted* and *at least two different user-defined explanation codes for claims disallowed due to run-out periods being exceeded*, as recited by Claim 1. Therefore, *Kaehler* fails to teach or suggest at least the above-quoted features of Claim 1, and *Kenna* fails to cure these deficiencies.

Kenna describes a data processing system for managing a plurality of composite accounts.¹⁰ To that end, *Kenna* describes a Master Account (20) including four subaccounts denoted respectively as Mortgage Subaccount (310), Medical Savings Subaccount (MSA) (315), Car Subaccount (320), and Tuition Subaccount (330).¹¹ *Kenna* further describes, in association with Figure 9B, a periodic account maintenance review routine during which “it is determined if premiums are due to the insurer” at step (980).¹² At step (990), *Kenna* describes determining if the subscriber’s MSA (315) has a sufficient balance to pay the premiums and, if not, generating an invoice to the subscriber or loaning the shortfall at step (995).¹³

Kenna does not describe any module operable to establish explanation codes, as defined

⁹ *Id.*

¹⁰ *Kenna* at column 5, lines 5-12.

¹¹ *Kenna* at column 7, lines 40-50.

¹² *Kenna* at column 13, lines 5-7.

¹³ *Kenna* at column 13, lines 14-20.

by Claim 1. Instead, *Kenna* merely describes generating an invoice or loaning a payment shortfall to a subscriber at step (995), if the subscriber's MSA (315) has an insufficient balance to pay insurance premiums.¹⁴ That is, in the context of identifying insufficient funds in an MSA account, *Kenna* describes *generating an invoice or loaning a payment shortfall* at step (995) but not *establishing explanation codes* related to the identification of the insufficient funds. Further, Claim 1 recites a module operable to establish *both* (A) explanation codes *for claims disallowed due to the HRA or FSA account being exhausted* and (B) explanation codes *for claims disallowed due to run-out periods being exceeded*. The undersigned submits that *Kenna* is silent as to determining whether a run-out period is exceeded, at all, let alone establishing explanation codes for claims disallowed due to a run-out period being exceeded. In fact, not only does *Kenna* fail to teach or suggest the establishment of explanation codes, but *Kenna* also fails to teach or suggest the establishment of *at least two user-defined codes* for each of (A) *claims disallowed due to the HRA or FSA account being exhausted* and (B) *claims disallowed due to run-out periods being exceeded*, as recited by Claim 1. Therefore, *Kenna* does not teach or suggest at least the above-quoted features of Claim 1 and, thus, cannot cure the above-discussed deficiencies of *Lencki* and *Kaehler*.

Accordingly, the undersigned respectfully requests that the rejection under 35 U.S.C. § 103(a) of Claim 1 and Claims 2-4, 6, 7, and 10, which depend therefrom, be withdrawn.

II. Independent Claims 11 and 22 recite features distinguishable from *Lencki*, *Kaehler*, and *Kenna*

Claims 11 and 22, although differing in scope and/or statutory class from Claim 1, recite features distinguishable from *Lencki*, *Kaehler*, and *Kenna* for reasons similar to those described above with regard to Claim 1. Accordingly, the undersigned respectfully requests that the rejection under 35 U.S.C. § 103(a) of Claims 11 and 22 and Claims 12-15, 17, 18, 21, 23-26, 28, 29, and 32-34, which depend therefrom, be withdrawn.

¹⁴ *Id.*

Dependent Claims

The undersigned submits that independent Claims 1, 11, and 22 are patentable over the cited references of record. Additionally, the remaining claims depend from one of the independent claims either directly or indirectly and are submitted to be patentable for additional reasons. That is, the dependent claims recite additional features further defining the present invention over the cited references of record, and the undersigned submits that the cited references of record do not teach or suggest those features. Accordingly, the undersigned request renewed, separate, and individual consideration of each dependent claim.

No Waiver

The undersigned's arguments and amendments are without prejudice or disclaimer. The undersigned has not addressed each specific rejection of the dependent claims because the undersigned submits that the independent claims are allowable over the documents of record, as discussed above. The undersigned has not acquiesced to any such rejection and reserve the right to address the patentability of any additional claim features in the future.

CONCLUSION

The undersigned submits the foregoing as a full and complete response to the Office Action dated September 15, 2011. The undersigned submits that this Amendment and Response places the present application in condition for allowance and respectfully requests such action. If any issues exist that can be resolved by an Examiner's Amendment or a telephone conference, the Examiner is requested to please contact Applicant's undersigned attorney at 404.572.2734. In addition, if any additional fees are required in connection with the filing of this response, the Commissioner is hereby authorized to charge the same to Deposit Account 50-4402.

Respectfully submitted,

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Date: December 14, 2011
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